



The Nakamoto Group, Inc.

January 27, 2021

TO: [REDACTED]
Assistant Director for Detention Management

FROM: [REDACTED]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Aurora ICE Processing Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Aurora ICE Processing Center (CDF) in Aurora, Colorado during the period of January 25-27, 2021. This inspection was scheduled for 2020 but was postponed to 2021 due to COVID. This is a CDF.

The annual inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

Type of Inspection

This is a scheduled annual inspection that is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meets Standards during the November 2019 annual inspection. This was a remote inspection.

Inspection Summary

The Aurora CDF is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - Yes

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2019 and 2021 PBNDS 2011 annual inspections:



2019 Annual Inspection	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	1

2021 Annual Inspection	
Meets Standards	40
Does Not Meet Standards	1
Repeat Finding	0
Not Applicable	2

The inspection team identified nine (9) deficient components in the following three (3) standards:

Hold Rooms in Detention Facilities – 1; which is a repeat deficiency

Visitation - 4

Grievance System – 4; of which three are priority components and three are repeat deficiencies.

Two priority components were repeat deficiencies.

Facility Snapshot/Description

The Aurora ICE Processing Center (North Unit) is located in Aurora, Colorado, approximately ten miles east of Denver. The facility opened in 1987 and is owned and operated by The GEO Group, Inc., a private corrections company. The facility is combined with the Aurora II Annex (South Unit), together they comprise the entire compound.

Female detainees can be housed in the facility; however, there were none present during this inspection. ICE detainees are housed and kept separate from non-ICE detainees. The facility houses detainees of all custody levels.

An on-site presence is maintained by ICE/ERO Monday through Friday.

The entire compound consists of two one-story buildings, which are separated into two distinct sections: the main facility (North Unit) and the Annex (South Unit). Most support services are shared. Travel between the two buildings is frequent. The space between these buildings is linked by a fenced corridor. The compound's exterior perimeter combines outside walls of the buildings, intermittent runs of twelve-foot chain link fencing, which are supplemented with razor ribbon and a motion detection (shaker fence) system, and twelve-foot block wall sections. There is a perimeter road around the compound that is foot-patrolled by an unarmed officer twice each shift. Surveillance cameras offer visibility around the entire perimeter, into the recreation areas, and down the interior movement corridors. All exterior building doors and interior security gates and doors are under constant camera surveillance and controlled by central control staff. The facility is equipped with a 350+ surveillance camera network that is monitored 24 hours a day. All movement is escorted.

There are five individual housing units in the North Unit that are a combination of eight to sixty-bed dormitories and four to eight-bed cell units. There is one special management unit (SMU) consisting of 48 one-bed cells. The SMU is also referred to as the Restricted Housing Unit (RHU) throughout the inspection documents. There were three ICE detainees in the SMU during the inspection. The facility has dedicated sections of its housing units to serve as COVID-19 wings. Throughout the inspection, they were occupied with a daily changing population of active/potential COVID-19 cases.

All North Unit housing units are managed under direct supervision. Each general population housing unit has a common dayroom that is equipped with a television; fixed table/chair units for detainees to eat their meals, play games, and gather for conversation; a bank of wall-mounted telephones; kiosks and tablets on which detainees can receive/send emails, conduct video-visits, send requests directly to facility and ICE/ERO staff, order commissary, access fee-based entertainment programs, file grievances, check their



account balance, view the LexisNexis collection and read the facility handbook and all announcements/schedules. Each detainee is assigned a lockable personal property storage bin. Detainees are provided indoor and outdoor recreation.

Inspectors interviewed twenty general population detainees that were identified through sign-up sheets; nine of the interviews required an interpreter. All three of the SMU/RHU detainees refused to be interviewed. Overall, detainees were satisfied with the food, their safety, medical treatment, recreational opportunities, the cleanliness of the facility, law library access, mail deliveries, commissary privileges, law library services, and access to and response from ICE/ERO personnel. All of the detainees stated they received a facility handbook during in-processing. There were general complaints about the quality and quantity of the food but most simply did not like the menu and its preparation. The complaints were discussed with the food service manager by the Safety SME. Menus have received a registered dietician's approval as meeting or exceeding U.S. Recommended Daily Allowance of nutritional requirements and they are prepared in adherence with standard recipes. Serving sizes are of ample portions. No further action was necessary.

Two general themes were presented through many of the interviews; poor telephone service and staff treatment. The telephone service was reported to be intermittent with poor connections and muted audio capability on many of the calls. These concerns had been on-going for two to three weeks before the inspection. On 1/25/2021 a Talton Communication (detainee telephone contractor) agent was on-site and resolved the issues. The Detainee Rights SME discussed the concern with the Warden who stated COVID-19 conditions have greatly impacted the ability to allow entrance to contractors. The staff treatment concerns are reflected in the SIS reported grievance numbers. Of the 801 grievances filed during this inspection period, 242 were lodged for staff misconduct; 26 were substantiated. The majority of the detainees bringing this concern stated staff disrespect them and harass them frequently, many times due to filing a grievance. All detainees interviewed were informed of the OIG services and how to contact the resource; none of them had made contact. The LCI discussed this concern with the Warden. He was aware of the allegations and stated several of the concerns are generated by a few detainees but each incident is reviewed and corrective action is implemented when warranted.

Medical, food service and maintenance services are provided by The GEO Group, Inc. Detainee telephone, tablet, and kiosk services are managed by Talton Communications. An assessment of the general cleanliness of the facility could not be determined due to the remote nature of the inspection. ICE detainees are not charged medical co-pays.

Areas of Concern/Significant Observations

The inspection was conducted remotely, and inspectors were unable to personally observe practices and procedures within the facility. The inspection team relied upon photographs and/or videos to validate the observation of many standards. There were five priority components rated as Does Not Meet Standard:

5.7 Visitation

Component # 5 – PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.

Finding: General visitation has been suspended since 03/13/2020 due to COVID-19 concerns. There is a video visitation option available on the computer tablets available to detainees in the housing units; how-



ever, video visits are not free. Indigent detainees do not have access to general visitation. The facility has continued to provide legal visitation.

Recommendation: The facility should provide an equal opportunity for detainees to participate in general visitation without paying a fee.

Component #9 – PRIORITY: The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.

Finding: General visitation has been suspended since 03/13/2020 due to COVID-19 concerns. There is a video visitation option available on the tablets in the housing units; however, video visits are not free. Indigent detainees do not have access to general visitation. The facility has continued to provide legal visitation.

Recommendation: The facility should provide an equal opportunity for detainees to participate in general visitation without paying a fee.

6.2 Grievance System

Component #1 – PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that:

- Establishes a procedure for any detainee to file a formal grievance;
- Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations;
- Establishes reasonable time limits for:
- Processing, investigating, and responding to grievances;
- Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and
- Providing written responses to detainees who filed formal grievances, including the basis for the decision.
- Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable;
- Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel;
- Ensures each grievance receives appropriate review;
- Provides at least one independent appeal that excludes individuals previously involved in the decision-making process for the same grievance;
- Includes guarantees against reprisal; and
- Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized.

Finding: A review of documentation indicates that policy and procedures address the elements of this component except for maintaining separate grievance logs for the CDF and the Annex; medical grievances are not consistently logged; and the medical grievance system does not provide at least one independent appeal that excludes the individual making the initial adjudication. **(Repeat Finding)**



Recommendation: The facility should establish a procedure to track or log all ICE detainee grievances separately from the CDF and the Annex; consistently log all medical grievances filed; and develop a system that provides at least one independent appeal that excludes the individual making the initial adjudication. Training should be provided to medical personnel specific to the maintenance of the grievance log and the importance of maintaining pertinent grievance information.

Component #11 – PRIORITY: Each facility shall maintain a Detainee Grievance Log. The documentation shall include the date the grievance was filed; the name of the detainee that filed the grievance; the nature of the grievance; the date the decision was provided to the detainee; and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee’s detention file and provided to the detainee. Medical grievances are maintained in the detainee’s medical file.

Finding: The facility has written policy and procedure regarding maintenance of grievance logs. A review of the medical grievance log provided indicates the required elements of this component are not consistently maintained. The log provided revealed the log has not been updated since August 2020. (**Repeat Finding**)

Recommendation: The facility should ensure that the medical grievance log is completed consistently and includes the date the grievance was filed, the name of the grievant, the nature of the grievance, the date the decision was provided, and adjudication information.

Component #12 – PRIORITY: Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility’s established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner.

Finding: Policy requires that upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility’s established grievance system, the facility must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner, with a copy going to ICE’s Office of Professional Responsibility (OPR) Joint Intake Center and/or local OPR office for appropriate action. A review of the grievances and interviews with the grievance officers and the accreditation/compliance manager revealed that grievances alleging staff misconduct were not being sent to ICE/ERO. A total of 801 grievances were reported during this inspection period, of which 255 were allegations of staff misconduct; 26 of them were substantiated.

Recommendation: The facility should follow policy and monitor procedures to ensure that allegations of staff misconduct are forwarded to ICE/ERO as the standard and the facility’s policy requires.

Due to the noted concerns, the Grievance System standard is rated Does Not Meet Standard.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011 for Over 72-hour facilities. One (1) standard was rated as Does Not Meet Standard and two (2) standards were Not Applicable (N/A). All remaining forty (40) standards were found to Meet Standards.

LCI Assurance Statement



The Nakamoto Group, Inc.

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. A call-in out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – [REDACTED]
- Facility Staff – [REDACTED]
- [REDACTED]

[REDACTED], Lead Compliance Inspector
Printed Name of LCI

January 27, 2021
Date